

<b>Case Number:</b>	CM14-0152824		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female who reported low back pain from injury sustained on 10/25/11 due to trip and fall. There were no diagnostic imaging reports. Patient is diagnosed with lumbar spine sprain and spasm of muscle. Patient has been treated with medication, acupuncture and chiropractic. Patient has had 24 chiropractic visits to date. Per medical notes dated 07/09/14, patient complains of continued dull aching pain into the lumbar spine that is worse from previous exam. Pain radiates to the left leg. Pain is rated at 5-9/10. Bending makes her pain worse and ice helps alleviate the pain. Examination revealed limited range of motion of the lumbar spine and tenderness to palpation of the paraspinal muscles and quadrates lumborum. Per Chiropractic progress notes dated 08/20/14, patient complains of low back pain radiating to the left lower extremity up to the knee; pain is rated at 5/10. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic 3X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL MAIPULATION Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gain in functional improvements that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Re-occurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per Chiropractic progress notes dated 08/20/14, patient complains of low back pain radiating to the left lower extremity up to the knee; pain is rated at 5/10. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore, patient has had 24 visits therefore exceeds the quantity supported by guidelines. Per review of evidence and guidelines, additional 3X2 Chiropractic visits are not medically necessary.